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CERTIFICATE OF MAILING

Applicants:

Sander, Tom, *et al.*

U.S. Serial No.: 09/701,933

Filed: August 20, 2001

For: "CORTICAL BONE CERVICAL SMITH-
ROBINSON FUSION IMPLANT"

Group Art Unit: 3738

Examiner: Bruce Edward Snow

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September 02, 2003

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AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.116

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Sir:

In response to the Official Action of 07/02/03, finally rejecting all claims (claims 59-71) for which a response was due 10/02/03, the Applicants request that the Examiner exercise his discretion and enter an amendment to the specification, clarifying the relationship between the two patents from which priority is claimed. The amendment was not entered before because the issue regarding the claim of priority was raised for the first time in the Official Action of 07/02/03. Moreover, the amendment is proper because it does not add new matter and would place the claims in better condition (relative the dates of the cited art) on appeal

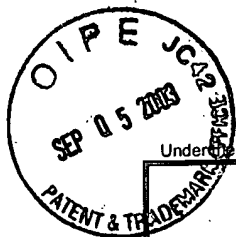
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Approved for use through 10/31/2002

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TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		09/701,933	
		Filing Date	
		08/20/01	
		First Named Inventor	
		Tom Sander, et al.	
Group Art Unit		3738	
Examiner Name		Bruce Edward Snow	
Attorney Docket Number		1915/13971US02	
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ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	
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Name (Print/type)	Donald J. Pochopier	Registration No. (Attorney/Agent)	32,167
Signature			Date
		Date	09/02/03